

WASHINGTON STATE DEPARTMENT OF HEALTH RULE-MAKING PROCESS FOR  
Elective Percutaneous Coronary Interventions (PCI)

**THE STAKEHOLDERS COMMITTEE**

**PROPOSED GROUND RULES**

to Guide the Committee's Decision-Making

Offered by Committee Facilitator Jim Reid  
12 November 2007 (1<sup>st</sup> Edition)

**THE COMMITTEE'S PURPOSE:**

The Elective Percutaneous Coronary Interventions (PCI) Stakeholders Committee will make a good-faith effort to reach consensus on rules to guide the provision of elective PCI in the State of Washington. The Committee will submit a report containing its consensus recommendations to the Certificate of Need (CON) Program within the Department of Health's Facilities and Licensing Services Division by early March 2008.

**AGREEMENTS AND RECOMMENDATIONS:**

1. The Committee is expected to identify and define a wide range of interests, perspectives, and opinions. Decisions will be made by consensus. Consensus is defined as the unanimous agreement of all Committee members.
2. If it is not possible to reach consensus, the interests, positions, and proposals of the parties will be documented and included in the Committee's report, and the Committee will approve the report before it is submitted.

**COMMITTEE MEMBERS' ROLES AND RESPONSIBILITIES:**

3. The Elective PCI Stakeholders Committee is defined as the representatives of hospitals, the Department of Health, and other interested and affected parties who are seated at the table. They are obligated to accurately represent the interests, needs, concerns, and ideas of the organizations and individuals for whom they serve as spokespeople.
4. Each member of the Stakeholders Committee is an equal participant in the process, with equal opportunities to voice opinions and contribute ideas, and equal responsibility to ensure that the process is a good-faith effort to reach solutions that achieve the mutual interests of the parties.
5. Committee members accept the responsibility to come to the meetings prepared for the discussions. This includes having conferred with those we represent prior to each meeting.

6. We commit to fully explore the issues and search for creative solutions that best serve the mutual interests of all parties.
7. We recognize the legitimacy of the interests, concerns, and goals of others, whether or not we agree with them. We commit to treating each other, and those who attend our meetings, with respect, civility, and courtesy.
8. We will make a special effort to listen carefully, ask pertinent questions, and educate ourselves and those we represent about the interests and needs that must be addressed in a problem-solving atmosphere.
9. In view of the specific scope of the project and limited amount of time available, we will make a concerted effort to focus on the topics under discussion.
10. Each Committee member commits to attending all meetings as possible. If a member must miss a meeting, she/he may designate someone to take her/his place at the table. In that case, the Committee member is responsible for ensuring that her/his replacement is authorized and prepared to fully and productively participate in the discussions.
11. As the process unfolds, Committee members should provide feedback to the facilitator on the process and his performance. We may do so at Committee meetings and/or by calling or emailing the facilitator between meetings.

#### **THE ROLES AND RESPONSIBILITIES OF OTHERS WHO PARTICIPATE IN THE PROCESS:**

12. Committee members expect to be joined at the meetings by colleagues and associates from the institutions and organizations we represent. While they will not be seated at the table, they are members of our “caucuses” and, therefore, must abide by these ground rules.
13. Time will be allocated during each meeting to hear their opinions and suggestions.
14. Anyone who is interested in the issues that the Committee is discussing may also communicate her/his views to the Committee in writing. (This particularly applies to people who are unable to attend the meetings.) Written comments should be submitted to the facilitator, who will ensure that they are copied and distributed to all Committee members.

#### **THE FACILITATOR’S ROLE AND RESPONSIBILITIES:**

15. The facilitator’s role is to manage the process by keeping discussions focused, ensuring that all points of view are heard, and conducting the meetings according to the spirit of these ground rules. With no stake in the substantive outcome, he is obligated to remain neutral on the issues.
16. The facilitator will also write drafts of the report that the Committee will present to the Department of Health. He will submit them to all Committee members for review and comment. Once the final version has been reviewed, edited, and approved by the members,

he will work with them to determine the most effective way in which to submit it to the department.

#### **MEETING AGENDAS AND SUMMARIES:**

17. Meetings of the Committee will be task-oriented. Draft agendas will be prepared by the facilitator and distributed to all members for review and comment approximately five days before a meeting. At least two days before a meeting the “final draft” agenda will be distributed to the members. Agendas will describe the matter for discussion and the purpose of discussing it, and be accompanied by information necessary to support informed discussion.
18. Following the conclusion of each meeting, a summary of key decisions and agreements will be developed by the facilitator and distributed to each member within forty-eight hours of a meeting’s conclusion.
19. Committee members are obligated to review the summaries for accuracy and to alert the facilitator if they find mistakes.
20. If the agenda or facilitation techniques are not working, Committee members agree to inform the facilitator so that changes can be made and the group can proceed.

#### **INFORMATION:**

21. Information provided to Committee members between meetings will be submitted to the facilitator and Department of Health staff for distribution to all members. If members have information to provide their colleagues, they should include a cover note briefly explaining what the information is and why it is relevant to the Committee’s goal. Information must be offered in a timely manner to ensure that Committee members have sufficient time to read and consider it before meetings.
22. If the Committee identifies information that it needs but does not currently have available to it, the Committee will agree on what is needed and work with the Department of Health to determine if it can be obtained and analyzed. The costs of obtaining and analyzing the information will be a factor in determining if it is needed and how it can be obtained and analyzed.

#### **THE ROLE OF SUBCOMMITTEES:**

23. If the Committee agrees to use subcommittees, the entire Committee will agree on their purposes, the deadlines by which they must report to the Committee, and the form of their reports. The Committee reserves the right to accept, refine or reject subcommittee findings and recommendations.
24. Subcommittees may contain members of caucuses or others who are not on the Committee. At the time they are established, the Committee will agree their membership.

**FINAL REPORT:**

25. A draft report summarizing the Committee's findings and recommendations will be prepared by the facilitator and distributed to all members for their review and approval. After approving it, the Committee will submit the final report to the Department of Health and provide it to whomever else we agree should receive it.